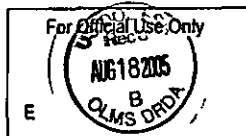


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



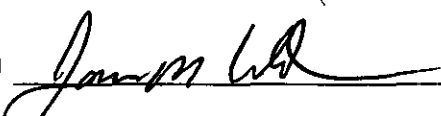
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>9823</b>	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name <b>James M. Wool</b> P O Box Bldg Room No if any Street <b>64 EDISON PARK</b> City <b>Quincy</b> State <b>MA</b> ZIP Code + 4 <b>02169</b>	4 Name file number and address of labor organization Name <b>SHEETMETAL WORKERS AFL-CIO LU 17</b> Labor Organization File Number <b>002-713</b> P O Box Building and Room Number if any Street <b>1157 Adams Street</b> City <b>Dorchester</b> State <b>Massachusetts</b> ZIP Code + 4 <b>02124 5710</b>
5 Position in labor organization	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed 	On <b>8-12-05</b> <b>617 593 6760</b> Date Telephone Number

## **DISCLAIMER**

The transactions, dealing and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some or many items may have been unintentionally omitted.

Signature

Date

8-12-05

Name of Person Filing <u>James M. Dool</u>	File Number U
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

**8 Name and address of Business (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**9 Business deals with**

a Labor Organization

☒ b Trust

c Employer

**10 If 9 b or 9 c is checked give trust or employer's name**

Name SMW 17 Health & Welfare

Trade Name if any Sheet Metal Workers

P O Box Bldg Room No if any 5th Floor

Street 43 Kingston St

City Boston

State MA. ZIP Code + 4 02111

**11 a Nature of such dealing**

Health & Welfare Conferences

**11 b Approximate dollar value of such dealing**

470.00

**12 a Nature of interest held or income received**

REIMBURSEMENTS  
4-9-04 - Air Fare to Philadelphia (513.04)  
4-9-04 - Baggage Insurance  
5-13-04 - Atlantic City Hotel RM  
9-3-04 - Air Fare - IFEB Conference

**12 b Amount**

(Above)

470.00

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a Nature of payment.**

**13 b Is the Business an Employer**

or Consultant ☐ ?

**14 b Amount of payment.**

Name of Person Filing <u>James M Deal</u>	File Number U
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8</b> Name and address of Business (including trade name if any)  Name <u>ABN AMRO</u>  Trade Name if any _____  P O Box Bldg Room No if any _____  Street <u>2477 Paysthere Circle</u>  City <u>Chicago</u>  State <u>IL</u> ZIP Code + 4 <u>60674</u>	<b>9</b> Business deals with  <input checked="" type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10</b> If 9 b or 9 c is checked give trust or employer's name  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11 a</b> Nature of such dealing  <u>Investment Meeting</u> <u>Baseball Game</u>  <b>11 b</b> Approximate dollar value of such dealing <u>184.00</u>  <b>12 a</b> Nature of interest held or income received  <div style="border: 1px solid black; height: 100px; width: 100%;"></div>  <b>12 b</b> Amount _____

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name _____  Trade Name if any _____  P O Box Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>14 a</b> Nature of payment  <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<b>13 b</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	<b>14 b</b> Amount of payment _____